

# **VERMONT TOBACCO EVALUATION AND REVIEW BOARD**

## **Cessation Committee**

**Monday November 30, 2015**  
**1:00 p.m. – 2:30 p.m.**  
**Vermont Arts Council, Montpelier, VT**

### **MINUTES**

Attending: Sarah Cosgrove, Tina Van Guilder, Amy Brewer, Rhonda Williams, Rebecca Rouiller

Public Comment: none

Welcome new members/staff and introductions

Partnership Activities

Update on VDH-CVMC pilot of electronic health record closed-loop e-referral system

SBIRT Data Presentation (VDH)

SAMSHA funds states for screening, brief intervention and referral to treatment. Vermont last cohort funded. Vermont is no halfway through SBIRT funding. Funding support trainer and staff in clinic locations to do their change in practice behavior in order to conduct the brief intervention and referral process. There are a number of locations participating.

*Action: Kate will scan information and make available to committee.*

Sarah mentioned that RPMC heart center can help VDH to understand the billing process and suggestions for improving seamlessness of activities.

Rhonda would like VDH to add tobacco to the SBIRT code. There's a barrier to doing this though, in that SAMHSA does not want tobacco included.

Youth Cessation

Text2Quit – national data shows that you won't mis-spend if you do digital promotion for text2quit. Smokefree.gov through NCI has a teen text support.

Because we want to be data driven in Vermont. We spend between \$5-10K un Vermont to support the texting option that NCI runs. We asked them for before and after data, but surveillance have to do a data sharing agreement which VDH surveillance unit is reluctant to complete at this time.

Cessation services committee wants to see how Vermont can overcome these barriers in order to get data to determine impact of text to quit services. Cessation services committee would like to recommend to the Board that the board provide a statement to VDH around releasing this information.

Questions to AOE around cessation services. What will the cessation services expectations be going forward?

Rhonda suggested that VTERB hear from AOE about the vision of the six components of the upcoming grant. Performance management at minimum we want to describe where we are and where we want to go.

*Action: Kate will ask Bob to present on the AOE grant at the January 2016 meeting.*

## Cessation Contractor Bidding Process (VDH)

Currently under contract with National Jewish Health but contract is ending and VDH must submit new RFP for contracted services around Quit-on-line, quit-by-phone and provision of NRT for quit in person services. New contract will have some modifications to address some concerns that have arisen such as: decreasing intake time, improvements to coach qualifications, timely and more seamless provision of NRT products.

Committee wants VDH to include in the RFP:

VDH will make cessation data available to Kate to send to committee. Committee should make recommendations based on what data we have.

For next VTERB meeting: cessation data, up-to-date NJ report, and draft RFP.

What National Jewish brought to the contract, which Vermont wanted during last RFP process included: Text, quit during pregnancy services, NRT and lower cost for services overall.

## 2016 meeting schedule

Committee would like to meet quarterly.

*Action: At next cessation services committee meeting Rhonda will bring 1<sup>st</sup> round of evaluation data around provider cessation services and utilization of CPT codes.*